

Utah Insurance Department
Unauthorized (Surplus Lines) Insurer

APPLICATION INFORMATION FORM

Application fee - \$1002.00 _____ E-Commerce Fee - \$50.00 _____

Date organized: _____ State or Country of Domicile: _____

NAIC Number (if applicable) _____ Company _____ Group _____

FEIN Number _____

If an alien company, list the date your company was placed on the roster of the International Insurers Department of the NAIC: _____

Type of Company: Stock _____ Mutual _____ Reciprocal _____ Other _____

Is the Company a subsidiary? If yes, list the parent company:

List states and countries in which the company is an admitted, licensed Insurer:

List states in which the company is a recognized surplus lines Insurer:

List authorized reinsurer(s):

Indicate the lines of Insurance the company is authorized to write in its state or country of domicile:

__Disability __Property __Surety __Liability __Vehicle Liability

__Marine Trans __Workers Cmp __Bail Bonds __Mortgage Gty

__Professional Liability (excluding Medical Malpractice)

__Professional Liability (including Medical Malpractice)

__Other _____

Provide a detailed list of the types of insurance products you propose to write as a surplus lines Insurer in Utah, and your plan of operation for Utah. Explain why each of these products is more appropriate in the surplus lines market rather than the admitted market. Attach the list to this form.

Is the company an underwriting Insurer for any Risk Purchasing Groups organized under the Risk Retention Act of 1986? Yes____ No____
If yes, list the name(s) of the Risk Purchasing Group(s):

Signed at _____ this ____ day of _____, _____

By _____

Title _____

Utah Insurance Department Company Address Information Form

Statutory Home Office Address

Street _____	Contact Name _____
P0 Box _____	Phone Number _____
City _____	Toll Free Number _____
State/ZIP _____	Fax Number _____
	Email _____

Mailing Address

Street _____	Contact Name _____
P0 Box _____	Phone Number _____
City _____	Toll Free Number _____
State/ZIP _____	Fax Number _____
	Email _____

Company Renewal Contact

Street _____	Contact Name _____
P0 Box _____	Phone Number _____
City _____	Toll Free Number _____
State/ZIP _____	Fax Number _____
	Email _____

Fraud Assessment Contact

Street _____	Contact Name _____
P0 Box _____	Phone Number _____
City _____	Toll Free Number _____
State/ZIP _____	Fax Number _____
	Email _____

Service of Process

Street _____	Contact Name _____
P0 Box _____	Phone Number _____
City _____	Toll Free Number _____
State/ZIP _____	Fax Number _____
	Email _____

Complaints Contact

Street _____	Contact Name _____
P0 Box _____	Phone Number _____
City _____	Toll Free Number _____
State/ZIP _____	Fax Number _____
	Email _____

Agent Licensing

Street _____	Contact Name _____
P0 Box _____	Phone Number _____
City _____	Toll Free Number _____
State/ZIP _____	Fax Number _____
	Email _____

Billing Address

Street _____	Contact Name _____
P0 Box _____	Phone Number _____
City _____	Toll Free Number _____
State/ZIP _____	Fax Number _____
	Email _____

All address fields must be completed.